

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005257

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

38

Primary Registration District No.

5120

Registrar's No.

118

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0100

2 0100

3 1

4 2

5 0

6

7 0

8 1

9527.1

10

11

12 90-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No.

38

Primary Registration District No.

5120

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FILED FEB 25 1963

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Columbia

Length of stay in 1b

Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Route # 4

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Boone

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN

Columbia

d. STREET ADDRESS

(If outside, give location)

Route # 4

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

PAUL

Middle

TURNER

Last

TURNER

4. DATE OF DEATH

Month

Day

Year

Feb. 16 - 1963

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

May 15, 1922 40 yrs.

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Boone County Mo. U. S. A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

John A. Turner

13b. MOTHER'S MAIDEN NAME

Mary Johnson

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

John A. Turner, Columbia, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per
PART I: DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Tension pneumothorax

INTERVAL BETWEEN
ONSET AND DEATH

10 min

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Bullous emphysema of lungs

4 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Influenza (clinical)

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Coroner's case

and last saw her alive on

Death occurred at

11:45 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Degree or title

Richard E. Johnson, M.D.

22b. ADDRESS

Columbia, Mo.

22c. DATE SIGNED

2-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

2/20/63

23c. NAME OF CEMETERY OR CREMATORY

Rock Bridge

Boone Co. Columbia, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Mrs. Stuart Parker, Columbia, Mo.

25. DATE RECD. BY LOCAL REG.

Feb 19 1963

26. REGISTRAR'S SIGNATURE

Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 27 1963

FEB 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold Warren

Licensed Embalmer No. 5203

P. O. Address Cal MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.